

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Docket No. _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below and to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Method for determining the stress capacity of a person

the specification of which

(check one) X is described and claimed in PCT International Application PCT/EP 00/02030 filed on 03/08/2000 amended on _____ (if applicable) (OR) is described in United States Application Number _____ filed on (MM/DD/YYYY) _____ (OR) is attached hereto

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Claimed? Yes No |
|-------------------------------------|---------|----------------------------------|--------------------------|
| 199 09 852.2 | DE | 03/ 08 / 1999 | <u>X</u> _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States Provisional Application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |
|-----------------------|--------------------------|
| _____ | _____ |

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application, in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| U.S. Parent Application or PCT Parent | Parent Filing Date | Parent Patent Number |
|---------------------------------------|--------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Heiner STEGMANN
(First, Middle, Family Name or Surname)Inventor's signature _____ Date 4. 9. 01Residence Germany (City, State, Country) Citizenship GermanFull Post Office Address Friedrich-Ebert-Anlage 25, 63450 Hanau DEXFull name of second joint inventor _____
(First, Middle, Family Name or Surname)

Second inventor's signature _____ Date _____

Residence _____ (City, State, Country) Citizenship _____

Full Post Office Address _____